



Parent/Guardian Permission, Waiver and Medical Authorization (Minor) for Day Trips Sponsored by

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue, Palo Alto, CA 94306

If you feel it is inappropriate for your student to attend, please contact the sponsor of the trip.

_____ has my permission to participate in the following field trip:
Student's Name _____

Destination _____

Date _____ Departure Time _____ Return Time _____

Purpose of the trip

Person(s) in charge: _____

Transportation Carrier(s) /arrangements: _____

Health Needs: Parent/Guardian to initial as appropriate

_____ In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed physician at my own expense, understanding that certain expenses may be covered by the School District's Student Accident coverage. ☐ Yes ☐ No

_____ My student will have to take the following medication(s) _____
The person in charge is authorized to give the medication(s) and medical/physician authorization for school personnel to administer medication is on file. Medical/physician authorization is required before a student may take any medication, including nonprescription drugs.

_____ My student has *no* special health needs the staff should be aware of and no medication is required on the field study.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree that any cost for medical care for my student for illness or accident is my own responsibility. I understand that certain expenses for medical care may be covered by the School District's Student Accident coverage. I authorize the School District to bill me, upon the return of my student from the day trip, for reimbursement of any expenses for medical care for my student that are paid for by the School District during the trip.

As stated in California Education Code Section 35330, I understand that I hold the Palo Alto Unified School District, its officers, agents and employees, harmless from any and all liability or claims which may arise out of or in connection with my student's participation in this activity.

Parent/Guardian's Signature Date

Address

Home Telephone Work Telephone

Mobil Telephone Other Telephone

PLEASE RETURN THIS FORM TO THE SPONSORING STAFF PERSON AT THE SCHOOL